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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000177

1. Corporation Name
INTERNATIONAL ASSOCIATION OF PANORAMIC PHOTOGRAPHERS, INC.

Principal Place of Business 1385-87 WEST PALMETTO PARK ROAD WEST BOCA RATON FL 33486	Mailing Address 1385-87 WEST PALMETTO PARK ROAD WEST BOCA RATON FL 33486
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/08/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0771941
City & State 23	City & State 28	Applied For. Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LORBER, ADDIE
 1385-87 WEST PALMETTO PARK ROAD WEST
 BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	YAKE, FRED	
STREET ADDRESS	8855 REDWOOD STREET	
CITY-ST-ZIP	LAS VEGAS NV 89139	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TREMBLAY, DENIS	
STREET ADDRESS	ST. JEAN SUR RICHHEU	
CITY-ST-ZIP	QUEBEC, CANADA J3A 1M1	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LORBER, ADDIE	
STREET ADDRESS	1385-87 WEST PALMETTO PARK ROAD WEST	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANDON, WILL	
STREET ADDRESS	15913 S.E. 6TH ST	
CITY-ST-ZIP	BELLEUE WA 98008	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYMANS, LIZ	
STREET ADDRESS	40 LAGOON ROAD	
CITY-ST-ZIP	BELEVEDERE CA 94920	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEGAL, DOUGLAS	
STREET ADDRESS	70 EAST LAKE STREET, SUITE 415	
CITY-ST-ZIP	CHICAGO IL 60601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EVERETT J. BROWN	
1.3 STREET ADDRESS	376 S.W. Temple	
1.4 CITY-ST-ZIP	Salt Lake City, UT 84011	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Schneider	
2.3 STREET ADDRESS	8301 Myrtle Ave.	
2.4 CITY-ST-ZIP	BOWIE, MD 20715	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1-9-99 561-393 7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)